Property & Casualty Transmittal Document

1.	Reserved for Insurance Dept. Use Only					2. Insurance Department Use only				
	-			a. Date the filing is received:						
				b. Analyst:						
			c. Disposition:							
				d. Date of disposition of the filing:						
					e. Ef	fective	e date of fili	ng:		
					f. State Filing #:					
						g. SERFF Filing #:				
3.	Group Name					Group NAIC #				
4.	Company Name(s)					icile	NAIC#	FEIN#		
4.	Company Name(s)				Dom	iiciie	NAIC #	I LIN #		
5.	Company Tracking Number									
Con	tact Info of Filer(s) or Corporate	Officer(s)	[incl	ude toll-free	numbe	r]				
6.	Name and address	Title		Telephon			FAX#	e-mail		
7.	Signature of authorized filer	<u> </u>			1			<u> </u>		
8.	Please print name of authorized filer									
Filing information (see General Instructions for de					crintions of these fields)					
9.	Type of Insurance (TOI)	1100 00010110		<u>accomplication</u>	0 01 111	000 110	5.40)			
10.	Sub-Type of Insurance (Sul									
11.	State Specific Product code applicable)[See State Specific Rec									
12.	Company Program Title (Ma									
13.	Filing Type	Filing Type			Rate/Loss Cost Rules Rates/Rules					
				Forms Combination Rates/Rules/Forms Withdrawal Cher (give description)						
				☐ Withdrawal ☐ Other (give description)						
14. 15.	Effective Date(s) Requested			New: Renewal:						
16.	Reference Filing? Reference Organization (if applicable)			I G3 INU						
17.	Reference Organization # & Title									
18.	Company's Date of Filing									
10	Status of filing in domicile		\Box	NI-4 Ett-1			. A	rized Disapproved		

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20.	0. This filing transmittal is part of Company Tracking #				
21.	1. Filing Description [This area should be similar to the body of a cover letter	and is free-form text1			
22.	Filing Fees (Filer must provide check # and fee amount if applicable)				
ZZ .	[If a state requires you to show how you calculated your filing fees, place that of	calculation below]			
Ch	Check #:				
An	Amount:				
Refer to each state's checklist for additional state specific requirements or instructions on					
	Iculating fees.				
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***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)